

Treatment times in breast cancer patients receiving neoadjuvant versus adjuvant chemotherapy: Is efficiency a benefit of preoperative chemotherapy?

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Abstract

Background/Objective: Delays in the time to sugger, chemotherapy, and radiotherapy have each been shown to impair overall survival in breast cancer patients. Neadqivant and adjuvant chemotherapy confer equivalent survival, but it remains unknown which approach facilitate faster completion of treatment. If either setting were to result in a significant delays, if could have survival implications. This study, wai anter ob examine the time it takes platents back and complete breast cancer treatment when undergoing neosidyurant chemotherapy (NAC) versus adjuvant demotherapy (NAC) versus adjuvant

Methodic Working 1: a sam oid with non-recurrent, novinfammatory, chical stage I-III bread cancer diagnosed from 2004-2015 whose treatment course included both surgery and chemotherapy were reviewed from the National Cancer Database exident of the second stude of both groups, these undergoing MAC and hose having AC. Comparisons between the two groups were performed using Student's Hest and chi-square test.

Bachinic Bachinic series 155.008 women who met inclusion criteria. Of these, 28,241 patients received AAC and 127.355 patients received AAC. Praintin undregoing NAC. Pati figher chinal T stage (55.9%, T34 vs. 45.%) T343 yad higher chinal Natige (14.4% X23 vs. 37.% Vs.23) yad provide the theory and the NAC and 127.365 the NAC group (55.4% X23 vs.37.% Vs.23) yad provide the theory and the NAC and 127.365 stages adiaty of the NAC and 137.% Vs.23 vs.37.% Vs.23 vs.24 stages adjusted, p-01.55. Thme to receive adiaty of the NAC group (15.4% vs.23.% vs.23 increased length of stay, but was associated with a lower risk of readmission (OR 0.5, 95% CI 0.44-0.59) and a higher risk of 30 and 90-day mortality (OR 2.74, 95% CI 1.18-6.36 and OR 5.0, 95% CI 2.66-9.29).

Conclusion: Although and AC confer equivalent survival in propertive randomized trials, NAC is not more efficient in Although Netwith through basiment when compared to AC, and NAC patients do not state treatment more publicly after diagonals. When the miss from blocy to radiotherapy and endormer therapy are significantly longer in the setting of NAC, these times are not due to longer hospital stage or readmissions. Although there are clear inclusions for diministering NAC versus AC, rapidly of treatment should not be considered a benefit of giving chemotherapy properatively.

Introduction

Results from NSABP B-18 and B-27 have demonstrated that there is no difference in overall survival in the Results from RSAPP 6-16 and 5-27 have demonstrated that there is no dimeterice in orderin survival in the setting of neadjurit chemotherapy versus adjuvant chemotherapy in the treatment of breast cancer White we do have studies examining delays to surgery (Biecher et al, 2016) and delays to adjuvant chemotherapy (Unicher et al, 2006 C Ahave-MacGroup et al, 2016) there is tilt data available regarding the time it takes patients to start and complete their breast cancer treatment when undergoing neoadjuvant versus adjuvant dhemotherapy.

adjuarat chemotherapy Patients often want to start treatment as scon as possible, and also often inquire as to the total length of treatment that will be required. In certain cases, medical oncologists recommend neosdjurant chemotherapy with the thought that this will start treatment sconer than if surgery is the first modality, and may get patients through their treatment course faster than if they proceed to surgery first, lowed by adjuant chemotherapy.

Methods

Inclusion onteria: Women 218 years old with non-recurrent, noninflammatory, clinical stage Hill breast cancer diagnosed from 2004-2015 having both surgery and cherotherapy in the National Cancer Database (NCDB) Exclusions: Malex patient with recurrent desaee, non-breast cancers or multiple tumors, patient setted with neoadjuvant hormore therapy and/or neoadjuvant radio/terapy with the state of the sta

Indiantical times were measured from bodys to: Lake of that treatment, start of modinetapy and start of Treatment times were majorised for failly volume, age, race, adv. dockarol, insurance, hones, utcharuluri sletting, facility distance, treated at more than one facility. Charteno comorbidity intex, hatology, grade, clinical T stage, Antology, t Stage, Androhoye, ERP/RHER2) character and tage. Adv. Consol stage, and principal "stage and principal times" and the advectory of tage. The Comparison between MAC and AC were performed using Studert's Heat and chi-square test Propensity score-weighted logistic regression models were fitted

(N=122,345) (N=122,345) (N=122,345) N % N % N % 117716 75.65 20908 74.03 96808 78.01 4.0 28945 18.60 5888 21.0 22957 18.00 8645 5.75 1345 4.76 760 5.97 54.30 a 11.28 51.92 a 11.58 54.90 a 11.14
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ri	zation of Patients B	ased on Treatment	Table 3a. Unr	Table 3a. Unmatched Time Comparison				
	Adjuvant	Key: B = Biopsy	1		NAC mean (days			
	B S C R E	S = Surgery C = Chemotherapy R = Radiotherapy	Biopsy to First	Treatment	35.6 ± 27.5			
	Time from bx to radiation	E = Endocrine therapy	Biopsy to Radi	ation	243.2 ± 58.8			
	Time from bx to endocrine tx		Biopsy to Ende	ocrine	305.4 ± 77.6			

tment	Table 3a. Unmatched Time Comparison							
		NAC mean (days)	AC mean (days)	p-value	ĺ			
y	Biopsy to First Treatment	35.6 ± 27.5	33.4 ± 22.9	<0.0001	ĺ			
гару	Biopsy to Radiation	243.2 ± 58.8	208.7 ± 54.6	<0.0001	ĺ			
	Biopsy to Endocrine	305.4 ± 77.6	268.3 ± 71.1	<0.0001	ĺ			

Results

able 3b. Propensity Score Matched Time Compa NAC mean (days) AC mean (days) p-value Δ Biopsy to First Treatment 36.1 ± 30.8 35.4 ± 25.7 0.15 0.7 Biopsy to Radiation 240.8 ± 59.2 218.2 ± 56.6 < 0.0001 22.6 301.6 ± 70.4 275.7 ± 66.5 <0.0001 25.9 Biopsy to Endocrine

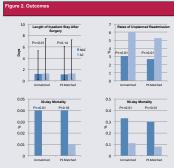
Δ

2.2

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37.1





Findings & Conclusions

NAC versus AC There were no c no clinically significant differences in length of inpatient stay, rates of readmission, 30-day mortality or 90-

Neoadjuvant chemotherapy does not expedite the start or total time course of treatment and so rapidity of treatment should not be considered a benefit of giving chemotherapy preoperatively.

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12072 5.14 1564 5.54 11238 8.72 <6001</th> 5607 23.74 97.21 22.20 46556 38.55 56022 57.55 55539 56.52 46482 57.27 6725 4.23 2517 7.54 6718 3.76 able 4. Independent Predictors of increased Length of Stay, Readmission & Mortality

ble 2. Char

C S R E

BCSRE

Neoadjuvant

_	122	0.28	40	- 2.54	12	0.06	<001			♠ LOS	Readmission	A 30-day Mortality	🕈 90-day Mortality
_	73290 63701	47.10 40.94	2926 12929	13.90 49.00	69354 49952	54.45 29.15			Neoadjuvant chemotherapy			1	1
_	12797	£22 2.30	7251 2969	25.68	5546 725	4.25		1	Black race	1		1	1
111546 71.60 11475 40.63 100071 78.57 <6881							<.0001		Hispanic ethnicity	1			
_	30930 6044	19.88	12041 2689	42.64	18883	14.83 2.63		1	Older age				1
2737 1.76 1383 4.83 1374 1.08					1374	1.05		1	Higher income			1	1
-	64258 74093	41.30 47.61	2106	7.46	62152 57815	48.00	<.0001	1	Charlson comorbidity score 2	1	1		1
	17263	11.09	5555	31.54	7297	5.91		1	Charlson comorbidity score 3	1		1	
	11676	7.62	2549	10.96	9627	71.25	<.0001		Facility distance 25-50 miles				1
	58377	55.98	9185	46.53	49792	58.93			HER2 positive, HR negative disease			1	
	26274	25.20	6353	22.39	19921	23.53		ł	HER2 positive, HR negative disease				